

## ENCIRCLE REC PICKLEBALL TOURNAMENT WAIVER AND RELEASE OF LIABILITY

**Event:** Encircle Rec Pickleball Tournament

**Date:** July 12, 2025

**Location:** Slice Pickleball

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact Name & Phone Number:** \_\_\_\_\_

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By signing this agreement, I acknowledge and agree to the following terms and conditions:

1. **Assumption of Risk:** I understand and acknowledge that participation in the Encircle Rec Pickleball Tournament involves significant risks, including but not limited to physical exertion, falls, collisions with other players or objects, muscle strain, sprains, fractures, concussions, dehydration, heart-related conditions, and other injuries that may result from playing a competitive sport. I am fully aware that these risks may arise from my actions, the actions of other participants, or the conditions of the playing area. I knowingly and voluntarily assume full responsibility for these risks, including those that may be unforeseen.
2. **Release and Waiver:** In consideration of being allowed to participate in the tournament, I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and hold harmless Encircle Rec, Slice Pickleball, event organizers, sponsors, volunteers, employees, and affiliates (collectively referred to as "Released Parties") from any and all claims, demands, losses, or damages on account of any injury, illness, disability, death, or loss of personal property incurred as a result of my participation. This release includes claims arising from negligence or carelessness on the part of the Released Parties, to the fullest extent permitted by law.
3. **Acknowledgment of Personal Responsibility:** I acknowledge that I am solely responsible for evaluating my own physical condition and ability to participate in this event. I affirm that I am in good health and have no known medical conditions that would prevent me from safely participating. I accept full responsibility for any medical expenses incurred due to my participation and understand that the Released Parties do not provide personal accident or medical insurance.
4. **Medical Treatment Authorization:** In the event of an injury or medical emergency, I authorize event organizers, volunteers, and medical personnel to seek and administer medical treatment for me as deemed necessary. I assume all financial responsibility for any medical treatment received and agree to hold the Released Parties harmless in connection with any such medical care.
5. **Code of Conduct:** I agree to abide by all event rules, regulations, and safety instructions, and to conduct myself in a respectful and sportsmanlike manner. I understand that failure to comply with event rules or engaging in reckless behavior may result in my removal from the tournament without a refund.
6. **Photo & Media Release:** I grant Encircle Rec permission to capture and use photographs, videos, and other media featuring me for promotional, marketing, and educational purposes without compensation. I waive any rights to inspect or approve the final media product.

7. **Indemnification:** I agree to indemnify and hold harmless the Released Parties from any and all claims, liabilities, damages, or expenses, including attorney's fees, that may arise from my actions, omissions, or participation in this event.
8. **Legal Capacity & Understanding:** I affirm that I am at least 18 years old or the legal guardian of the participant named above and am signing on their behalf. I have read this waiver carefully, fully understand its terms, and voluntarily sign it with the intent to be legally bound. I acknowledge that by signing this document, I am waiving substantial legal rights, including my right to sue.

**Signature of Participant (or Legal Guardian if under 18):**

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**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_